

Welcome to 2EZ Direct

Important Information

Privacy – We have made every effort to protect your privacy. However, there are risks inherent in using the Internet to conduct business. **We highly recommend you take the measures below to protect your personal information, especially when using a public computer.**

- Before you begin entering data on the downloaded forms, disconnect from the Internet. You can do this by using the offline feature of your browser.
- After you submit your return, please wait until you receive confirmation that we received your return. Then go back to 2EZ Direct and click the "Reset all forms" button to erase all of your personal information.
- If you must exit 2EZ Direct at any time, click the "Reset all forms" button to erase your entries and to prevent anyone from accessing your personal information.

Printer – To complete this filing process, you must be able to print form FTB 8453, the signature document, as well as a copy of your tax return for your records.

Things You Need to Have on Hand

- Social security number (SSN) and spouse's SSN, if joint return
- Customer service number (CSN) and spouse's CSN, if joint return. Get your CSN online at www.ftb.ca.gov.
- Income information (all Forms W-2 and Forms 1099-INT)
- Bank account information for direct deposit of refund or electronic funds withdrawal

Helpful Hints

- **Rounding** – Round all dollar amounts to the nearest whole dollar. You will not be able to enter cents.
- **Making Corrections** – Delete the incorrect information and enter the correct information. Do not use the "Reset all forms" button because it will erase everything you have entered so far.
- **Taking a break** – Be sure to print the pages you have completed before you take a break. Once you exit 2EZ Direct, all your entries will likely be erased.
- **Printing** – You can print your return at any time. Use the Print dialog box to select the pages you want.
- **Exiting 2EZ Direct** – Make sure you click on "Reset all forms" to erase all your entries so no one has access to your personal information.

Customer Assistance

If you need assistance, please contact our Taxpayer Services Center. Telephone assistance is available from 7 a.m. until 8 p.m. Monday through Friday and from 8 a.m. until 5 p.m. on Saturdays. We may modify these hours without notice to meet operational needs.

From within the United States, call (800) 852-5711

From outside the United States, call

(not toll-free) (916) 845-6500

Assistance for persons with disabilities: We comply with the Americans with Disabilities Act. Persons with hearing or speech impairments please call TTY/TDD (800) 822-6268.

Specific Line Instructions

Instructions based on Internal Revenue Code (IRC) as of January 1, 1998, and California Revenue and Taxation Code (R&TC).

Line 1 through Line 5 – Filing Status

See "[Filing Status](#)" on page 2 for the requirements for each of the filing statuses.

Line 6 – Can you be claimed as a dependent?

If your parent (or someone else) can claim you (or your spouse, if married) as a dependent on his or her tax return, even if he or she chooses not to, check the box on line 6 and indicate who can be claimed.

Line 7 – Dependents

Enter the names of the dependents you are entitled to claim. Up to 3 dependents are allowed on Form 540 2EZ. If you are entitled to claim 4 or more dependents, you must use Form 540A or Form 540. Go to www.ftb.ca.gov to check out your filing options.

Refundable Child and Dependent Care Expenses Credit

If you qualify for the similar federal credit and your California adjusted gross income is \$100,000 or less, claim the credit using Form 540A or Form 540. Check out your filing options at www.ftb.ca.gov



Line 8 – Wages

Complete the [Form W-2 Summary Sheet](#). The total wages you enter carries over to line 8.

Line 9 – Interest Income

Enter interest income shown on Form 1099-INT, box 1. If your total interest income is more than \$400, you cannot use Form 540 2EZ. Check out your filing options at www.ftb.ca.gov



Do not include amounts shown on Form 1099-INT, box 3, Interest on U.S. Savings Bonds and Treasury Obligations. This is interest not taxed by California.

Line 10 – Unemployment Compensation

Enter unemployment compensation from federal Form 1099-G. This type of income is not taxed by California and will not be included in the total for line 11.

Line 12 – Tax

Click the “Compute your tax” button. The form will look up the tax based on the information you entered.



If you change any information after you computed your tax, you must click the button again to recompute your tax.

Line 13 – Nonrefundable Renter’s Credit

If you paid rent on your principal California residence in 2001, you may be eligible for a credit to reduce your tax. Complete the [Nonrefundable Renter’s Credit Qualification Record](#).

Line 15 – Tax Withheld

Complete the [Form W-2 Summary Sheet](#). The total tax withheld you enter carries over to line 15.

Line 20 – Voluntary Contributions

You may contribute part or all of your refund to the funds listed on [page 3](#).

Line 21 – Refund or No Amount Due

Get your refund in 5-7 banking days when you request direct deposit. Enter your bank account information on [form FTB 8453](#) before you e-file your return. We will deposit your refund as soon as we process your return. Check the status of your refund at [www.ftb.ca.gov](#)



This illustration shows which bank numbers you need when requesting a direct deposit of refund or electronic funds withdrawal. Use a check (not a deposit slip) to find the bank numbers you need. Contact your financial institution for assistance in getting the correct routing number.

Line 22 – Amount You Owe

Pay the amount you owe by electronic funds withdrawal (EFW), credit card, or check.

- **EFW** – Enter your bank information, withdrawal date, and amount of money you want to pay on [form FTB 8453](#) before you e-file your return.
- **Credit Card** – Use your Discover/NOVUS, MasterCard, Visa, or American Express card to pay the amount you owe. Call (800) 2-PAY-TAX or (800) 272-9829. You can also go to [www.officialpayments.com](#), select Payment Center, then use jurisdiction code 1555.

- **Check** – Complete and print [form FTB 3582](#). Send the form and your check to the address on the form.



If you have a financial hardship, you can request to pay by monthly installments. Check out your payment options at [www.ftb.ca.gov](#)

Signing form FTB 8453

Before you e-file, make sure to complete, print, and sign form [FTB 8453](#). This is the only form to sign. Keep this form with your return for four years from the due date of the return or the date the return is filed, whichever is later. **Do not mail this form to the FTB or the IRS.**

e-filing your return

Once you are satisfied with your entries and have printed out a copy of your return for your records, select [Submit](#) from the Bookmarks and follow the instructions to send your return directly to FTB.

After you e-file

You will receive a page confirming that we received your return. It also provides instructions on finishing the process.

Note: If we were unable to accept your return, you will receive a page with instructions on how to proceed.

Filing Status

General Information

Choose only **one** filing status. Your filing status for California must be the same as the filing status you used on your federal income tax return.

Exception: Married taxpayers who file a joint federal income tax return may file separate California returns if either spouse was:

- An active member of the U.S. Armed Forces (or any auxiliary military branch) during 2001; or
- A nonresident for the entire year and had no income from California sources during 2001.

You cannot use Form 540 2EZ if:

- You file a joint return and if either spouse was a nonresident in 2001. You should use Long or Short Form 540NR, California Nonresident or Part-Year Resident Income Tax Return.
- You are married and file a separate return. You should use Form 540A or Form 540. Check out your filing options at [www.ftb.ca.gov](#)

Single – You are single if **any** of the following was true on December 31, 2001:

- You were never married; or
- You were legally separated under a decree of divorce or of separate maintenance; or
- You were widowed before January 1, 2001, and did not remarry in 2001.

Married Filing Joint – You are married filing joint if **any** of the following is true:

- You were married as of December 31, 2001, even if you did not live with your spouse at the end of 2001; or
- Your spouse died in 2001 and you did not remarry in 2001; or
- Your spouse died in 2002 before the 2001 return is filed.

A husband and wife may file a joint return even if only one had income or if they did not live together all year. However, both must sign the return.

Head of Household – This filing status is for unmarried individuals who provide a home for certain other persons. You are entitled to use the head of household filing status only if **ALL** the following apply:

- You were unmarried or considered unmarried on December 31, 2001.
- You paid more than one-half the costs of keeping up a home for the year 2001.
- For more than half the year, your home was the main home for you and another person who lived with you.
- The other person was your qualifying relative.
- You were not a nonresident alien at any time during the year.

Qualifying Widow(er) – You are a qualifying widow(er) if **ALL** of the following apply:

- Your spouse died in 1999 or 2000, and you did not remarry in 2001, and
- You have a child, adopted child, stepchild, or foster child whom you can claim as a dependent, and
- This child lived in your home for all of 2001. Temporary absences, such as for school, vacation, or medical care, count as time lived in the home, and
- You paid over half the cost of keeping up your home for this child, and
- You could have filed a joint return with your spouse the year he or she died, even if you actually did not do so.

Please enter the year of your spouse's death on your return.

Voluntary Contribution Fund Descriptions

You may make voluntary contributions of \$1 or more in whole dollar amounts to the following funds. The amount you contribute either reduces your overpaid tax or increases your tax due. You may contribute only to the funds listed and cannot change the amount you contributed after you file your return. Enter the amount you want to contribute on the line for the fund on [Form 540 2EZ, Side 2](#).

52 — Alzheimer's Disease/Related Disorders Fund.

Contributions will be used to conduct a program for researching the cause and cure of Alzheimer's disease and related disorders and research into the care and treatment of persons suffering from dementing illnesses.

53 — California Fund for Senior Citizens.

Contributions will provide support for the California Senior Legislature (CSL). The CSL are volunteers who prioritize statewide senior related legislative proposals in areas of health, housing, transportation, and community services. Any excess contributions not required by the CSL will be distributed to senior citizen service organizations throughout California.

54 — Rare and Endangered Species Preservation Program.

Contributions will be used to help protect and conserve California's many threatened and endangered species and the wild lands that they need to survive, for the enjoyment and benefit of you and future generations of Californians.

55 — State Children's Trust Fund for the Prevention of Child Abuse.

Contributions will be used to fund programs for the prevention, intervention, and treatment of child abuse and neglect.

56 — California Breast Cancer Research Fund.

Contributions will fund research toward preventing and curing breast cancer. Breast cancer is the most common cancer to strike women in California. It kills 4,000 California women each year. Contributions also fund research on prevention and better treatment, and keep doctors up to date on research progress. For more about the research your contributions support, please go to Website: www.ucop.edu/srphome/bcrp/. Your contribution can help make breast cancer a disease of the past.

57 — California Firefighters' Memorial Fund.

Contributions will be used to construct a memorial on the grounds of the State Capitol honoring hundreds of firefighters who have died protecting our communities, our families, and our dreams. When the alarm sounded, these brave men and women answered the call with their lives. Their sacrifices, and the sacrifices of their families, deserve to be honored.

58 — Emergency Food Assistance Program Fund.

Contributions will be used to help local food banks feed California's hungry. Your contribution will fund the purchase of much-needed food for delivery to food banks, pantries, and soup kitchens throughout the state. The State Department of Social Services will monitor its distribution to ensure the food is given to those most in need.

59 — California Peace Officer Memorial Foundation Fund.

Contributions will be used to preserve the memory of California's fallen peace officers and assist the families they left behind. Since statehood, over 1,300 courageous California peace officers have made the ultimate sacrifice while protecting law-abiding citizens. The non-profit charitable organization, California Peace Officers' Memorial Foundation, has accepted the privilege and responsibility of maintaining a memorial for fallen officers on the State Capitol grounds. Each May, the Memorial Foundation conducts a dignified ceremony honoring fallen officers and their surviving families by offering moral support, crisis counseling, and financial support that includes academic scholarships for the children of those officers who have made the supreme sacrifice. On behalf of all of us and the law-abiding citizens of California, thank you for your participation.

60 — Lupus Foundation of America, California Chapters Fund.

Contributions will provide financial assistance to the California-based operating chapters of the Lupus Foundation of America. Funding will go for public education and research grants to find ways of combating and hopefully finding a cure for Lupus. Lupus itself is a chronic, autoimmune disease that causes the immune system to become hyperactive. The immune system loses its ability to distinguish between foreign substances and its own cells and tissues. The immune system directs antibodies against a lupus sufferer's own body. This causes debilitating pain, organ failure, extreme exhaustion, skin rashes, fevers, hair loss, and even death. Approximately 200,000 Californians suffer from the disease, 90% are women.

Form W-2 Summary Sheet

For each 2001 Form W-2 you received, you must complete one line of the table. You can enter up to 10 Forms W-2. If you have more than 10, you must use Form 540A or Form 540. Use the illustration below to make sure you enter the information from the correct box. Round all dollar amounts to the nearest whole dollar.

	Employer identification number, box b	Employee's social security number, box d	State wages, tips, etc., box 16	State income tax, box 17
1				
2				
3				
4				
5				
6				
7				
8				
9				
10				
Total				

Total wages

Total tax withheld

Go to Form 540 2EZ

a Control number		22222	Void <input type="checkbox"/>	For Official Use Only ▶ OMB No. 1545-0008	
b Employer identification number			1 Wages, tips, other compensation		2 Federal income tax withheld
c Employer's name, address, and ZIP code			\$		\$
			3 Social security wages		4 Social security tax withheld
			\$		\$
			5 Medicare wages and tips		6 Medicare tax withheld
d Employee's social security number			7 Social security tips		8 Allocated tips
			\$		\$
e Employee's first name and initial Last name			9 Advance EIC payment		10 Dependent care benefits
			\$		\$
			11 Nonqualified plans		12a See instructions for box 12
			\$		\$
f Employee's address and ZIP code			13 Statutory employee Retirement plan Third party sick pay		12b
			<input type="checkbox"/> <input type="checkbox"/> <input type="checkbox"/>		\$
			14 Other		12c
					\$
15 State Employer's state ID number			16 State wages, tips, etc.		17 State income tax
			\$		\$
			18 Local wages, tips, etc.		19 Local income tax
			\$		\$
					20 Locality name

Form **W-2** Wage and Tax Statement

2001

Department of the Treasury—Internal Revenue Service

Copy A For Social Security Administration—Send this entire page with Form W-3 to the Social Security Administration; photocopies are not acceptable.

For Privacy Act and Paperwork Reduction Act Notice, see separate instructions.

Cat. No. 10134D

Do Not Cut, Fold, or Staple Forms on This Page — Do Not Cut, Fold, or Staple Forms on This Page

California Resident Income Tax Return 2001

540 2EZ

L A B E L H E R E	Your first name				Initial		Last name				P A C R P
	If a joint return, spouse's first name				Initial		Last name				
	Number and street, PO box or rural route						Apt. no.		PMB no.		
	City				State		ZIP Code				
Your social security number				If joint return, spouse's social security number							
<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>				<div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> <div></div> </div>							

Filing Status. Fill in the circle for your filing status. See instructions.

- 1 ☐ Single
 2 ☐ Married filing joint
 4 ☐ Head of household. **Stop! See instructions.**
 5 ☐ Qualifying widow(er) with dependent child. (Year spouse died _____.)
 6 If another person can claim you (or your spouse, if married) as a dependent on their return, fill in this circle ● 6 ☐
 7 Number of dependents. (Do not include yourself or your spouse) .. ● 7

Name: _____ Name: _____ Name: _____

8	Total wages (Form W-2, box 16)	● 8	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
9	Total interest income (Form 1099-INT, box 1)	9	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
10	Unemployment compensation . ● 10		<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
11	Add line 8 and line 9. Caution: Do not include line 10	● 11	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
12	Using the table for your filing status, enter the tax for the amount on line 11 (If you filled in the circle on line 6, STOP . See instructions)	12	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
13	Nonrefundable renter's credit. <u>See instructions</u>	● 13	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
14	Subtract line 13 from line 12. If zero or less, enter -0-	● 14	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
15	Total tax withheld (Form W-2, box 17)	■ 15	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
16	Overpaid tax. If line 15 is more than line 14, subtract line 14 from line 15	■ 16	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>
17	Tax due. If line 15 is less than line 14, subtract line 15 from line 14	17	<div><div></div><div></div><div></div><div></div><div></div><div></div><div></div><div></div></div>

18 Transfer overpaid tax from Side 1, line 16... 18

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19 Transfer tax due from Side 1, line 17 19

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Voluntary Contributions. <u>See instructions.</u>	Code	Amount
Alzheimer's Disease/Related Disorders Fund	◀ 52 ▶	
California Fund for Senior Citizens	◀ 53 ▶	
Rare and Endangered Species Preservation Program	◀ 54 ▶	
State Children's Trust Fund for the Prevention of Child Abuse	◀ 55 ▶	
California Breast Cancer Research Fund	◀ 56 ▶	
California Firefighters' Memorial Fund	◀ 57 ▶	
Emergency Food Assistance Program Fund	◀ 58 ▶	
California Peace Officer Memorial Foundation Fund	◀ 59 ▶	
Lupus Foundation of America, California Chapters Fund	◀ 60 ▶	

20 Add all contributions entered above ● 20

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21 Refund or no amount due. Subtract line 20 from line 18. **Mail to:** Franchise Tax Board, PO Box 942840, Sacramento CA 94240-0002 ■ 21

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22 Amount you owe. If there is an amount on line 19, add line 19 and line 20. **Mail to:** Franchise Tax Board, PO Box 942867, Sacramento CA 94267-0001 ■ 22

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Direct Deposit (For Refunds Only)

Fill in the boxes to have your refund directly deposited.

Account Type:

Checking ● ☐

Savings ● ☐

Routing number ▶ ●

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Account number ▶ ●

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Caution: Do not attach a voided check or a deposit slip!

Under penalties of perjury, I declare that, to the best of my knowledge and belief, the information on this return is true, correct, and complete. It is unlawful to forge a spouse's signature. 9

Sign here ▶ You: _____ Spouse: _____
Daytime phone number () _____ Date: _____

Paid preparer ▶ _____

● Paid preparer's SSN/PTIN									
FEIN									

Nonrefundable Renter's Credit Qualification Record

If you were a resident of California and paid rent on property in California which was your principal residence, you may qualify for a credit that you can use to reduce your tax. Answer the questions below to see if you qualify.

1. Were you a resident¹ of California for the entire year in 2001?

YES. Go to the next question.

NO. Stop. File the Long or Short Form 540NR, California Nonresident or Part-Year Resident Income Tax Return. Go to www.ftb.ca.gov to check out your filing options.

2. Is the amount on Form 540 2EZ, line 11:

- \$28,009 or less if single; or
- \$56,018 or less if married filing joint, head of household, or qualifying widow(er)?

YES. Go to the next question.

NO. Stop here. You do not qualify for this credit.

3. Did you pay rent, for at least half of 2001, on property (including a mobile home that you owned on rented land) in California which was your principal residence?

YES. Go to the next question.

NO. Stop here. You do not qualify for this credit.

4. Can you be claimed as a dependent by a parent, foster parent, or legal guardian in 2001?

NO. Go to question 6.

YES. Go to question 5.

5. For more than half the year, did you live in the home of a parent, foster parent, or legal guardian in 2001?

NO. Go to question 6.

YES. Stop here. You do not qualify for this credit.

6. Was the property you rented exempt² from property tax in 2001?

NO. Go to the next question.

YES. Stop here. You do not qualify for this credit.

7. Did you or your spouse claim the homeowner's property tax exemption³ anytime during 2001?

NO. Skip question 8 and answer question 9.

YES. Go to question 8.

8. Did you and your spouse maintain separate residences for the entire year in 2001?

YES. The spouse that answered "Yes" to question 7 may not claim this credit. If the other spouse alone could have answered "No" to question 7, that person qualifies for the credit. Enter \$60 on line 9 below and on Form 540 2EZ, line 13.

NO. Stop here. You do not qualify for this credit.

9. If you are:

- Single, enter \$60 below.
- Married filing joint, head of household, or qualifying widow(er), enter \$120 below.

\$ _____

Also enter this amount on Form 540 2EZ, line 13.

10. Fill in the street address(es) and landlord information below for the residence(s) you rented in California during 2001 which qualified you for this credit.

Street Address

City, State, and ZIP Code

Dates Rented in 2001 (From _____ to _____)

a _____

b _____

Enter the name, address, and telephone number of your landlord(s) or the person(s) to whom you paid rent for the residence(s) listed above.

Name

Street Address

City, State, ZIP Code, and Telephone Number

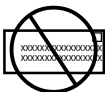
a _____

b _____

¹ Military personnel. If you are not a legal resident of California, you do not qualify for this credit. However, your spouse may claim this credit if he or she was a resident, did not live in military housing during 2001, and is otherwise qualified.

² Property exempt from property taxes. You do not qualify for this credit if, for more than half of the year, you rented property that was exempt from property taxes. Exempt property includes most government-owned buildings, church-owned parsonages, college dormitories, and military barracks. However, if you or your landlord paid possessory interest taxes for the property you rented, then you may claim this credit.

³ Homeowner's property tax exemption. You do not qualify for this credit if you or your spouse received a homeowner's property tax exemption at any time during the year. However, if you lived apart from your spouse for the entire year and your spouse received a homeowner's property tax exemption for a separate residence, then you may claim this credit if you are otherwise qualified.



Do Not Mail This Record. Keep it with your tax return records.

$$\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}\boxed{}\boxed{} - \boxed{}\boxed{}\boxed{}\boxed{}\boxed{} - \boxed{2}$$

Date of Acceptance _____

FORM

Your first name and initial		Last name		Your social security number	
If joint return, spouse's first name and initial		Last name		Spouse's social security number	
Present home address — number and street, PO Box, or rural route		Apt. no.	PMB no.	Daytime telephone number	
				()	
City, town or post office, state and ZIP Code					

1	Refund. (Form 540, line 65; Form 540A, line 38; Form 540 2EZ, line 21; Long Form 540NR, line 74; or Short Form 540NR, line 74)	1	
2	Amount you owe (Form 540, line 69; Form 540A, line 39 plus line 40; Form 540 2EZ, line 22; Long Form 540NR, line 78; or Short Form 540NR, line 75)	2	
2a	Amount to be withdrawn by electronic funds withdrawal	2a	
2b	Date of the electronic funds withdrawal	2b	/ /

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[illegible]

Under penalties of perjury, I declare that the information I provided to my Electronic Return Originator (ERO), Transmitter, or Intermediate Service Provider, including my name, address and social security number, the amounts shown in Part I above, and the banking information shown in Part II above, agrees with the information and amounts shown on the corresponding lines of my 2001 California income tax return. To the best of my knowledge and belief, my return is true, correct, and complete. If I filed a balance due return, I understand that if the Franchise Tax Board (FTB) does not receive full and timely payment of my tax liability, I remain liable for the tax liability and all applicable interest and penalties. I consent that my return and accompanying schedules and statements be transmitted to the FTB by my ERO, Transmitter, or Intermediate Service Provider. **If the processing of my return or refund is delayed, I authorize the FTB to disclose to my ERO and/or the Transmitter the reason(s) for the delay or the date when the refund was sent.**

For Privacy Act Notice, get form FTB 1131

ZIP Code

ZIP Code

FTB 8453 C2 (REV. 10-2001)

Instructions for Form FTB 8453

California Individual Income Tax Declaration for e-file

General Information

A Purpose of Form FTB 8453

Electronic Return Originators (ERO) and taxpayers who file online must use form FTB 8453 as an authorization to transmit the tax return electronically to the Franchise Tax Board (FTB) directly or through a Transmitter. The taxpayer or ERO must retain form FTB 8453. The form does not serve as proof of filing an electronic return. The acknowledgement containing the date of acceptance and the declaration control number (DCN) for your accepted return, received online (through your software) or through an ERO, serves as proof that your return has been filed with FTB. **DO NOT MAIL FORM FTB 8453 TO THE FTB OR THE IRS.**

B Taxpayer Responsibilities

We may request information from you regarding your California income tax return within the California statute of limitations period, which is usually the later of four years from the due date of the return or the date the return is filed. (**Exception:** An extended statute of limitations period may apply for California or federal tax returns that are related to or subject to a federal audit). Retain the following documents:

- Form FTB 8453 (online filers retain the original, signed form; filers using an ERO retain a signed original or copy of the form);
- Original Form(s) W-2, W-2G, and 1099R;
- A paper copy of Form 540, Form 540A, Form 540 2EZ, Long Form 540NR, or Short Form 540NR;
- A paper copy of your federal tax return; and
- A paper copy of your other state income tax return if you claimed the California Other State Tax Credit. See California Schedule S.

Additionally, taxpayers who use an ERO must:

- Verify all information on the form FTB 8453, including social security number(s) and banking information;
- Inspect the paper copy of the return and ensure the information is correct;
- **Sign form FTB 8453 after the return has been prepared but before it is transmitted;** and
- Submit (fax is acceptable) the form FTB 8453 to your ERO and retain a copy for your records.

C ERO Responsibilities

EROs must do all of the following:

- Obtain taxpayer's signature(s);
- Provide taxpayer(s) with:
 - A copy of form FTB 8453;
 - Form(s) W-2, W-2G, and 1099R; and
 - A printout of the taxpayer's Form 540, Form 540A, Form 540 2EZ, Long Form 540NR, or Short Form 540NR.
- Retain the original or faxed signed form FTB 8453 for four years from the due date of the return or the date the return is filed, whichever is later.

EXCEPTION: VITA/TCE/Not for Profit Sites –Give the signed form FTB 8453 to the taxpayer.

D Paying Your Taxes

Your tax return is due on April 15, 2002. If you owe tax, it must be paid by April 15, 2002, to avoid penalties and interest.

- **Pay by electronic funds withdrawal:** You can have your balance due withdrawn by electronic funds withdrawal from your checking or savings account. See Part II.
- **Pay by check or money order:** If you choose to file your balance due return electronically and you did not choose electronic funds withdrawal, your ERO or online service provider will give you a completed form FTB 3582, Payment Voucher for Electronically Transmitted Returns. Mail form FTB 3582 with your check or money order to the FTB using the address printed on the voucher.
- **Pay by credit card:** You can use your Discover/NOVUS, MasterCard, or American Express card to pay your tax. If you pay by credit card, do not mail the voucher (form FTB 3582) to the FTB. Call (800) 272-9829, or visit the Website: www.officialpayments.com. You will be charged a convenience fee that you pay directly to Official Payments Corp. for using this service.

Specific Instructions

DCN and Date of Acceptance

The DCN is a unique 14-digit number assigned by the tax preparation software program to each taxpayer's return. Enter the DCN and date of acceptance of the return by FTB in the spaces at the top of form FTB 8453.

Part II - Direct Deposit or Electronic Funds Withdrawal

Using direct deposit or electronic funds withdrawal is voluntary and applies only to the current return. Taxpayers who want their refunds directly deposited or their payment withdrawn by electronic funds withdrawal from their account with a bank or other financial institution, must complete Part II **before transmitting the return**. FTB will not honor requests completed after transmission of the return. **Note:** Taxpayers can obtain the routing number and account number from a check, a statement, or by contacting their financial institution. Do not use a deposit slip as it may contain internal routing numbers.

Line 3 – The routing number must be nine digits and begin with 01 through 12 or 21 through 32.

Line 4 – The account number can be up to 17 characters (both numbers and letters). Include hyphens but omit spaces and special symbols. If fewer than 17 characters, enter the number from left to right and leave the unused boxes blank. To cancel the electronic funds withdrawal process, taxpayers must call the FTB at (916) 845-0353 two working days before the date of the withdrawal.

FTB is not responsible when a financial institution rejects a direct deposit or electronic funds withdrawal transaction. If the bank or financial institution rejects the direct deposit due to an error in the routing number or account number, a paper check will be issued. If the bank or financial institution rejects the electronic funds withdrawal due to an error in the routing number or account number, the taxpayer(s) will receive a notice from the FTB that may include penalties and interest.

Part III - Declaration of Taxpayer(s)

An electronically transmitted tax return will not be considered complete or filed unless form FTB 8453 is signed by the taxpayer(s) before the electronic return is transmitted to the FTB.

Deceased taxpayer(s) –The legal representative (e.g., beneficiary, administrator, or executor) of the deceased taxpayer's estate must sign form FTB 8453 before the electronic return is transmitted to the FTB. If you are the surviving spouse, no administrator or executor has been appointed, and you file a joint return, indicate next to your signature that you are the surviving spouse. Also, print "Deceased" and the date of death next to the name of the deceased taxpayer.

If you file a return and claim a refund due to a deceased taxpayer, you are certifying under penalty of perjury either that you are the legal representative of the deceased taxpayer's estate (in this case, you must attach certified copies of the letters of administration or letters testamentary) or that you are entitled to the refund as the deceased's surviving relative or sole beneficiary under the provisions of the California Probate Code. You must also attach to form FTB 8453 a copy of federal Form 1310, Statement of Person Claiming Refund Due a Deceased Taxpayer, or a copy of the death certificate when you file a return claiming a refund.

Part IV - Declaration of ERO and Paid Preparer

The ERO must sign and complete this part.

Only handwritten signatures are acceptable. If the ERO is also the paid preparer, the ERO must check the box labeled "Check if also paid preparer."

If the paid preparer is not the ERO, the paid preparer must sign in the space for "Paid Preparer's Use Only."

Refund Information

To find out about your tax refund, go to our Website at: www.ftb.ca.gov or call the FTB's automated toll-free telephone service at (800) 338-0505. You will need your social security number, the numbers in your street address, box number or route number, and your ZIP Code to use this service. Refund information is available 24 hours a day, 7 days a week.

Assistance for Persons with Disabilities

We comply with the Americans with Disabilities Act. Persons with hearing or speech impairment, call:

From voice phone: (California Relay Service) (800) 735-2922
From TTY/TDD: (Direct line to FTB customer service) (800) 822-6268
For all other assistance or special accommodations, call (800) 852-5711



You are almost ready to e-file directly to the FTB.

Please take a moment to check all information you entered. Once you've e-filed your return, you cannot make any corrections electronically. If you do notice an error after we receive your return, complete Form 540X, Amended Individual Income Tax Return.

Have you printed a copy of all the forms you completed and signed FTB 8453?

- **Yes.** Follow the instructions below to complete the e-filing process.
- **No.** Please go back and print all the forms you completed, including [FTB 8453](#). Be sure to read and sign [FTB 8453](#) before coming back to this page.

Enter your CSN (customer service number)

Your CSN

Spouse's CSN
(if married filing
joint return)

Read the disclosure agreement

Disclosure Agreement

By entering my CSN above and clicking the e-file button below, I understand that I am submitting the following information to Franchise Tax Board over the Internet: my Internet provider address and all information I entered in these forms.

e-file your return directly to the FTB

When you click the button below, your browser will establish a secure connection with our Direct Filing Portal using 128-bit SSL (secure socket layer) and your tax return will be transmitted directly to the FTB.

If you selected to work offline, please go back online now.

The transmission can take up to 2 minutes, depending on your Internet connection.

Click the button just **once** and wait for our system to respond.

Within 2 minutes you should receive a confirmation page with your declaration control number (DCN), which is your proof that we received your return.

If you receive a page without a 14-digit DCN, this means we did not receive your return. The information on that page will explain why your return was not received, and how to proceed.

Thank you for using 2EZ Direct!

